



A-level PSYCHOLOGY 7182/1

Paper 1 Introductory topics in psychology

Mark scheme

June 2025

Version: 1.0 Final



Mark schemes are prepared by the Lead Assessment Writer and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation events which all associates participate in and is the scheme which was used by them in this examination. The standardisation process ensures that the mark scheme covers the students' responses to questions and that every associate understands and applies it in the same correct way. As preparation for standardisation each associate analyses a number of students' scripts. Alternative answers not already covered by the mark scheme are discussed and legislated for. If, after the standardisation process, associates encounter unusual answers which have not been raised they are required to refer these to the Lead Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of students' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

No student should be disadvantaged on the basis of their gender identity and/or how they refer to the gender identity of others in their exam responses.

A consistent use of 'they/them' as a singular and pronouns beyond 'she/her' or 'he/him' will be credited in exam responses in line with existing mark scheme criteria.

Further copies of this mark scheme are available from aqa.org.uk

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Level of response marking instructions

Level of response mark schemes are broken down into levels, each of which has a descriptor. The descriptor for the level shows the average performance for the level. There are marks in each level.

Before you apply the mark scheme to a student's answer read through the answer and annotate it (as instructed) to show the qualities that are being looked for. You can then apply the mark scheme.

Step 1 Determine a level

Start at the lowest level of the mark scheme and use it as a ladder to see whether the answer meets the descriptor for that level. The descriptor for the level indicates the different qualities that might be seen in the student's answer for that level. If it meets the lowest level then go to the next one and decide if it meets this level, and so on, until you have a match between the level descriptor and the answer. With practice and familiarity you will find that for better answers you will be able to quickly skip through the lower levels of the mark scheme.

When assigning a level you should look at the overall quality of the answer and not look to pick holes in small and specific parts of the answer where the student has not performed quite as well as the rest. If the answer covers different aspects of different levels of the mark scheme you should use a best fit approach for defining the level and then use the variability of the response to help decide the mark within the level, ie if the response is predominantly level 3 with a small amount of level 4 material it would be placed in level 3 but be awarded a mark near the top of the level because of the level 4 content.

Step 2 Determine a mark

Once you have assigned a level you need to decide on the mark. The descriptors on how to allocate marks can help with this. The exemplar materials used during standardisation will help. There will be an answer in the standardising materials which will correspond with each level of the mark scheme. This answer will have been awarded a mark by the Lead Examiner. You can compare the student's answer with the example to determine if it is the same standard, better or worse than the example. You can then use this to allocate a mark for the answer based on the Lead Examiner's mark on the example.

You may well need to read back through the answer as you apply the mark scheme to clarify points and assure yourself that the level and the mark are appropriate.

Indicative content in the mark scheme is provided as a guide for examiners. It is not intended to be exhaustive and you must credit other valid points. Students do not have to cover all of the points mentioned in the Indicative content to reach the highest level of the mark scheme.

An answer which contains nothing of relevance to the question must be awarded no marks.

Section A**Social influence****0 1**

What is meant by flexibility in the context of minority influence?

[2 marks]**Marks for this question: AO1 = 2****2 marks** for a clear and coherent definition of flexibility (eg. with some elaboration) in the context of minority influence.**1 mark** for a limited/muddled/generic definition.**Possible content:**

- when the minority acknowledges counterarguments/makes concessions/compromises/adapts
- so as not to appear rigid/dogmatic
- they are more likely to persuade the majority of their view.

Accept alternative wording.

Accept definitions embedded within relevant examples.

0 2

Outline the Authoritarian Personality as an explanation for obedience.

[4 marks]**Marks for this question: AO1 = 4**

Level	Marks	Description
2	3–4	Knowledge of the authoritarian personality explanation of obedience is clear and detailed. There is appropriate use of specialist terminology.
1	1–2	Knowledge of the authoritarian personality explanation of obedience is limited/muddled. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible content:

- a dispositional (rather than situational) explanation for obedience
- a collection of traits/personality type developed from strict/rigid parenting
- obedient/servile towards people of perceived higher status (authoritarian submission)
- right wing authoritarianism - expecting obedience from those of lower status (authoritarian aggression)
- examples of other traits – conventional/dogmatic/hostile towards those of perceived lower status (scapegoating)
- a high score on the F-scale would indicate authoritarianism and higher levels of obedience

For full marks the response should make clear and explicit links to obedience.

Credit other relevant material.

0	3
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Outline **one** limitation of the Authoritarian Personality explanation for obedience.

[2 marks]

Marks for this question: AO3 = 2

2 marks for a clear and coherent limitation with some elaboration.

1 mark for a limited/muddled limitation.

Possible limitations:

- dispositional explanations have difficulty accounting for obedience in entire societies
- research findings in obedience studies, eg. Milgram, can be more readily explained by situational factors/alternative explanations
- conservative/right wing bias, ignores obedience/extremism/prejudice on the political left
- not necessarily a causal explanation - could be another factor that explains the link between personality and obedience, for example lack of education.

Credit other relevant limitations.

Do not credit methodological limitations based on the measurement of authoritarianism unless specifically linked to the explanation.

0 4Discuss **two** explanations for conformity. Refer to Julie and Anthony in your answer.**[16 marks]****Marks for this question: AO1 = 6, AO2 = 4, AO3 = 6**

Level	Marks	Description
4	13–16	Knowledge of explanations is accurate and generally well detailed. Application is clear and effective. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of explanations is evident but there are occasional inaccuracies/omissions. Application/discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of explanations is present. Focus is mainly on description. Any discussion/application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions. OR one explanation only at Level 3/4.
1	1–4	Knowledge of explanations is very limited. Discussion/application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used. OR one explanation only at Level 1/2.
	0	No relevant content.

Possible content:

Normative social influence

- refers to the social rules that govern behaviour and the need to be seen as a member of the social group
- underpinned by a desire for social approval/acceptance/avoidance of rejection
- suggests that conformity is public agreement with the group and not private agreement (compliance)
- change in attitude/behaviour is temporary
- motivated by emotional reasons – ‘the need to be liked’.

Informational social influence

- refers to the idea that the individual believes the group has more knowledge/expertise
- suggests that conformity is agreement with the group due to uncertainty about correct responses or behaviour on the part of the individual
- can result in public and private opinion matching (internalisation)
- change in attitude/behaviour is more likely to be permanent
- motivated by cognitive reasons – ‘the need to be right’.

Possible application:

- Julie conforms for normative reasons – she agrees to go to MiniWorld as all the other parents ‘seem keen’, she does not want to be an outsider by suggesting they go to Kids’ Cave
- This leads to Julie’s compliance – she thinks MiniWorld is ‘overpriced’ but ‘doesn’t say anything’; her public behaviour and private opinion do not match
- Anthony conforms for informational reasons – he is a ‘new member of the group’ and so looks to the other parents as a source of information/guidance
- he has heard that MiniWorld has better facilities and has adopted that view (internalisation)
- he visits MiniWorld away from the group further suggesting that this is a permanent change in opinion.

Possible discussion points:

- use of evidence to support each explanation, eg. Asch, Sherif, Jenness
- use of Asch variations to support NSI, eg. group size, unanimity, and/or ISI, eg task difficulty
- discussion of dispositional reasons for conformity/resistance, eg external/internal locus of control
- discussion of difficulty of measuring and/or distinguishing between the two explanations.

Only credit evaluation of the methodology used in studies when made relevant to discussion of the explanations.

Credit other relevant material.

Section B**Memory**

- 0 5** Which **two** of the following statements about types of long-term memory are **true**?
[2 marks]

Marks for this question: AO1 = 2

Answer key: **C** – Procedural memories are often stored below the level of conscious awareness.

Answer key: **E** – Semantic memories include knowing the rules of football.

- 0 6** Outline the procedure **and/or** findings of **one** study in which coding in memory was investigated.
[4 marks]

Marks for this question: AO1 = 4

Level	Marks	Description
2	3–4	Outline of procedure and/or findings is clear, accurate and coherent. There is appropriate use of terminology.
1	1–2	Outline of procedure and/or findings is limited. The answer lacks accuracy and detail. Use of terminology is either absent or inappropriate.
	0	No relevant content.

Possible content (based on Baddeley, 1966):

- 72 participants randomly allocated to one of four conditions (independent groups design)
- each group was shown a list of ten words, the words were either acoustically similar, acoustically dissimilar, semantically similar, semantically dissimilar
- all words were one-syllable (as a control)
- recall was either tested immediately (STM), or following a delay/20 minutes (LTM)
- the number of words recalled in the correct order was measured
- recall of acoustically similar words was poorer when tested immediately/in STM compared to acoustically dissimilar words
- recall of semantically similar words was poorer when tested after a delay of 20 minutes/in LTM .

Accept other relevant information or other relevant studies of coding, eg. Conrad (1964), Frost (1972), Nelson & Rothbart (1972), the case of KF – Shallice & Warrington (1974).

If more than one study is outlined, credit the best.

Note that full credit can be awarded for outlines that focus only on coding in STM or LTM.

0 7

Suggest **one** revision strategy based on retrieval failure that could be used to improve performance in an exam. Justify your answer.

[2 marks]**Marks for this question: AO3 = 2**

Award marks as follows-

1 mark for a plausible, practical strategy that refers to some kind of similarity between revising and in the exam (eg. timed conditions, using category headings, similar desk, same pen, same state)

1 mark for justification that links to cues/triggers/prompts, encoding specificity principle, state and context dependency, reference to research

Standalone suggestions that look impractical without justification cannot gain marks.
You cannot award the justification mark without a relevant strategy.

Accept other relevant strategies if sensible, and/or theoretical justification is provided eg. context or state dependency.

0 8

Evaluate the interference explanation for forgetting.

[6 marks]**Marks for this question: AO3 = 6**

Level	Marks	Description
3	5–6	Evaluation is clear, accurate and detailed. Answer is organised and coherent. Specialist terminology is used effectively.
2	3–4	Evaluation is mostly clear but lacks detail/understanding in places. There is some appropriate use of specialist terminology.
1	1–2	Evaluation is limited/muddled showing limited understanding. The answer lacks clarity and accuracy. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- use of evidence from lab studies, eg. McGeoch and McDonald, as well as real-life, eg Schmidt, supports the effects of interference
- application of explanation, eg. avoiding similar material when revising for exams
- comparison with other explanations of forgetting
- evidence suggests interference can be overcome using cued recall
- interference does not apply in all cases, eg. with experts.

Accept other relevant material.

Do not credit evaluation of studies unless they are specifically linked to the explanation.

0 9Explain **three** reasons for this choice with reference to this investigation.**[6 marks]****Marks for this question: AO2 = 6**For **each** of the following bullet points award:**2 marks** for a clear and coherent reason linked to the investigation.**1 mark** for a limited/partial reason.**Possible content:**

- the investigation is analysing the difference in responses to the critical question (between conditions) - test of difference (credit also answers based on association)
- the participants in the 'the' condition are different from the participants in the 'a' condition - independent groups/unrelated design
- there are two categories of response to the critical question: yes or no - nominal/categorical data.

Accept alternative wording.

1 0Use your knowledge of research into **one** factor that affects eyewitness testimony to explain this finding.**[4 marks]****Marks for this question: AO2 = 4**

Level	Marks	Description
2	3–4	Application is clear and appropriate with some detail. There is appropriate use of specialist terminology.
1	1–2	Application is limited/lacks appropriateness. The answer lacks clarity. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- the critical question in Condition A is a leading question
- reference to 'the' traffic lights implies there was a set of traffic lights whereas 'a' set of traffic lights is more ambiguous, and suggests there may or may not have been
- this explains why a larger number of participants in Condition A claim to have seen a set of traffic lights in the film, even though there wasn't one
- credit reference to explanations of why this may have occurred, eg. response bias, substitution explanations.

Credit other relevant application/material.

Section C

Attachment

1 1

What is meant by reciprocity in attachment?

[2 marks]

Marks for this question: AO1 = 2

2 marks for a clear and coherent outline of what is meant by reciprocity.

1 mark for a limited/muddled outline.

Possible content:

- a two-way flow of interaction (between a caregiver and infant)
- the behaviour of each party elicits a response from the other
- each party responds to the other's signals to sustain interaction
- credit reference to named features of reciprocity such as turn taking, imitation, etc.

Accept alternative wording.

1 2

Suggest **two** examples of reciprocal behaviours that could be used as behavioural categories in this study.

[2 marks]

Marks for this question: AO3 = 2

2 marks for examples of reciprocal behaviours for the behavioural categories that could be used in the observation.

Award **1 mark** for **each** example.

Possible suggestions:

- the mother sticks out her tongue and then the infant giggles
- the mother smiles and then the infant smiles back
- the infant makes a noise and then the mother does the same.

Note that for each suggestion there should be reference to the mother's **and** the infant's behaviour.

Accept other relevant examples

1 3

Outline **one** way in which the reciprocal behaviours could be sampled in this study.

[2 marks]

Marks for this question: AO2 = 2

2 marks for a clear and coherent outline of one way in which reciprocal behaviours could be sampled.

1 mark for a limited/muddled outline or a clear answer with no context

Possible content:

- event sampling – the researcher could make a tally/record every single time they see an example of a reciprocal behaviour that is part of their checklist
- time sampling – the researcher could decide on a suitable interval/time frame, eg. 30 seconds, and make a tally/record any examples of reciprocal behaviour they see at that point.

No marks for simply naming event or time sampling.

1	4
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Briefly explain what a correlation coefficient of +0.26 means in terms of the reliability of the two researchers' observations.

[2 marks]

Marks for this question: AO2 = 2

1 mark for stating that the reliability/consistency/agreement is poor/low.

1 mark for any other relevant elaboration eg.

- +0.26 is a weak positive correlation
- is a long way short of the +0.8 statistical benchmark for reliability.

Accept alternative wording.

1	5
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Outline **one** way in which the reliability of the two researchers could be improved.

[2 marks]

Marks for this question: AO3 = 2

2 marks for a clear and coherent suggestion of how reliability could be improved.

1 mark for a limited/muddled explanation.

Possible content:

- the researchers would need to revisit/redesign their behavioural categories (for reciprocal behaviour)
- to ensure there was no overlap/ambiguity
- that they were clearly defined/measurable/observable
- researchers could be trained (perhaps through the use of a pilot study) to apply behavioural categories more effectively.

No credit for use of additional observers, double-blind procedures or assessing reliability.

Accept other relevant content.

1 6

Outline the findings of **one** animal study of attachment.

[3 marks]

Marks for this question: AO1 = 3

3 marks for a clear, coherent and elaborated outline.

2 marks for a clear outline with some detail.

1 mark for a limited/muddled outline.

Possible content:

Harlow

- infant monkeys sought contact comfort with the cloth mother/spent longer on the cloth mother than the wire mother regardless of which dispensed milk
- the monkeys clung to the cloth mother when frightened
- maternally deprived monkeys were more aggressive, less sociable and less skilled at mating than other monkeys
- maternally deprived monkeys were neglectful of their own offspring
- deprived monkeys became more sociable following support from a 'monkey therapist'.

Lorenz

- after hatching the incubator group followed/attached to Lorenz, the control group followed the mother
- he found imprinting only occurred within a few hours after hatching in goslings
- when the newly hatched goslings were mixed up and released from a box the incubated goslings immediately ran to Lorenz and the naturally hatched goslings went to the mother
- he found the geese tried to mate with the imprinted species
- he found if imprinting failed to occur in that time, attachment to the mother did not happen.

Accept other relevant content.

1 7

Outline **one** limitation of the study you have referred to in your answer to Question 16.

[3 marks]

Marks for this question: AO3 = 3

3 marks for a clear, coherent and elaborated limitation.

2 marks for a clear limitation with some detail.

1 mark for a very limited or muddled limitation.

Possible limitations:

- ethical issues – credit general issues such as separating animals from their natural mothers as well as more specific detail of particular studies, eg. Harlow's use of various procedures designed to cause physical and psychological distress/trauma
- the practical and methodological issues associated with generalising findings from non-human species to human infants, eg. importance of emotion in human attachment; precocial/altricial differences in Lorenz's study
- Harlow had slightly different looking mothers in some versions which introduces a confounding variable.

Credit other relevant limitations.

1 8

Discuss findings from studies that have investigated the role of the father in attachment.

[8 marks]**Marks for this question: AO1 = 3, AO3 = 5**

Level	Marks	Description
4	7–8	Knowledge of findings is accurate with some detail. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5–6	Knowledge of findings is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3–4	Knowledge of findings is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1–2	Knowledge of findings is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- 75% of infants studied had formed an attachment with the father at 18 months (Schaffer and Emerson, 1964)
- the father may fulfil a qualitatively different role from that of the mother – play vs emotional support – but this is just as crucial to the child's wellbeing
- the father in a single parent family is more likely to adopt the traditional maternal role
- quality of attachment with the father may be less influential in adolescence (Grossman, 2002)
- the role of the father may differ depending on the gender of the child.

Possible discussion:

- discussion/analysis of implications of findings for father's role
- many studies are outdated and conclusions about the father's role (as well as the mother's role) are often based on traditional gender stereotypes
- inconsistent nature of findings – some studies have championed the father's role, others have stressed its secondary nature
- difficulty in generalising findings as often focus of research/research question is quite different between studies
- implication of findings for later relationships, eg. Verissimo - correlation with number of friends
- economic implications of findings, eg. working arrangements within families, maternity and paternity leave, etc
- links to broader theory, eg. Bowlby's argument that the father's role is primarily economic.

Credit other relevant content.

Section D

Psychopathology

1 9

Which of the four definitions of abnormality would be best applied to the examples **A**, **B**, **C** and **D** below?

Write a different definition of abnormality for **each** example.

[4 marks]

Marks for this question: AO2 = 4

1 mark for each of the following:

- A deviation from ideal mental health
- B failure to function adequately
- C deviation from social norms
- D statistical infrequency/deviation from statistical norms.

2 0

Outline Ellis' ABC model of depression.

[4 marks]

Marks for this question: AO1 = 4

Level	Marks	Description
2	3–4	Knowledge of the ABC model is clear, detailed and focused on depression. There is appropriate use of specialist terminology.
1	1–2	Knowledge of the ABC model is limited/muddled. Use of specialist terminology is either absent or inappropriate.
	0	No relevant content.

Possible content:

- focus on depression as irrational thoughts triggered by external events/reactive depression
- A – activating event, which can be objectively described, eg. a boss criticising your work
- B – beliefs, which are irrational and negative
- C – consequence, which is depression and anxiety
- credit description of irrational beliefs, eg. musturbation, catastrophising, utopianism, etc.

Accept other relevant content.

2 1

Discuss the neural explanation for obsessive-compulsive disorder (OCD) **and** the use of drug therapy to treat obsessive-compulsive disorder.

[16 marks]

Marks for this question: AO1 = 6, AO3 = 10

Level	Marks	Description
4	13–16	Knowledge of the neural explanation and drug therapy are generally well detailed. Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9–12	Knowledge of the neural explanation and drug therapy is evident but there are occasional inaccuracies/omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5–8	Limited knowledge of the neural explanation and drug therapy is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions. OR neural or drug therapy only at Level 3/4.
1	1–4	Knowledge of the neural explanation and drug therapy is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used. OR neural or drug therapy only at Level 2/1.
	0	No relevant content.

Possible content:

Neural

- the role of neurochemical imbalances such as serotonin and dopamine – levels associated with abnormal transmission of mood-related information/obsessive thoughts
- structural deficits – abnormal functioning in the parahippocampal gyrus which processes unpleasant emotions; hyperactivity in the basal ganglia linked to repetitive actions (compulsions); the orbito-frontal cortex ‘the worry circuit’ – the caudate nucleus-thalamus loop, inability to filter small worries in OCD so worry circuit is overactive
- damage to neural mechanisms due to breakdown of immune functioning, eg. via Lyme’s disease.

Drug therapy

- used to ‘correct’ imbalance of neurochemicals, eg serotonin, to reduce symptoms
- SSRIs – prevent the reabsorption of serotonin in the brain, allowing serotonin to continue to stimulate the postsynaptic neuron
- typical daily dosage – eg. Fluoxetine (an SSRI) which may be increased if not benefitting the patient as appropriate
- timescale – 3–4 months of daily use for SSRIs to impact upon symptoms
- credit knowledge of alternatives to SSRIs – tricyclics, SNRIs, benzodiazepines, beta-blockers

Possible discussion:

- evidence to support/contradict the effects of neural mechanisms in OCD, eg. Thoren et al, Zohar et al, Hu, Saxena and Rauch
- many neural factors have been identified but these are not always present in all cases
- some findings in studies of abnormal brain functioning, eg. Aylward, have not been replicated
- success of SSRIs suggests that low serotonin is a causal factor
- not all patients respond to drug treatment which casts doubt on the explanation's validity
- treatment fallacy
- delayed effects of drug treatment (4–12 weeks in some cases) suggest other underlying mechanisms
- discussion of side-effects in drug treatment
- drugs are a passive treatment giving patients little insight into their condition or responsibility for their cure
- drugs are relatively cheap and easy to administer compared with other forms of therapy
- credit further reasoned comparison with alternative theories/therapies.

Note: that genetic explanations alone should not be credited unless there is an explicit link made between genes and levels of neurotransmitter/structural deficits.

Credit other relevant content.